M	ISSO	URI DI	VIS	ION OF HEA	LTH - STAND	ARD CER	TIFICATE C	OF DEATH	<u></u> £	32-045	923
DO NOT WRITE AMENDED			e R	egistration District No	042 Prir	nary Registration	District No	ORegistrar's No.	1408	STATE FILE NU	MBER
ON THIS STUB	AMI	ENDED	Æ	PLACE OF BEATH 2	<del>1962</del>						
VS 300		 	Ĭ '	a. COUNTY Buch	•			a. STATE Miss	ICE (Where deceased li- Ouri b. COUNTY	Buchanan	Residence before admission)
Rev. 4/59	9		I –	b. CITY (If outside cor	porate limits, give TOWN	\$HIP only)	Length of stay in 1b	c. CITY			Inside Limits
	AMENDED	1   1		TOWN St. J	oseph.		7 years	TOWN St.	Joseph,		Yes 🔯 No 🗆
15/17	₹		I –			tion)	<del>- 1                                   </del>	d. STREET ADDRESS	(If outside,	give location)	Reside on Farm
2,57/7	DATE		<b> </b>	INSTITUTION:	ouri Methodi	st Hospit	al Yes 🕅 No 🗆		18 Warsaw St	ree t	Yes □ No 🔯
3 2			=	. NAME OF DECEASED	First	N	iddle	Last	4. DATE M	onth Day	Year
				(Type or print)	THOMAS	<u> </u>	IAMES	BOREN	of Dece		<u> </u>
<u> </u>	11			. SEX	6. COLOR OR RACE	7. Married K Widowed [		i I	9. AGE (last birthday	Months Days	Hours Min.
5 ,	11		I	Male	White	1		Hor. II,IO			<u> </u>
6	,		10	a. USUAL OCCUPATION ( during most of working		10b. KIND OF B	USINESS OR INDUST	i	City and state or country	12. CITIZEN OF	WHAT COUNTRY
	5	}		Ret Mine		l Zinc l	iine Ther's maiden nam	<u>  Appleton</u>	City, Mo.	HUSBAND OR WIFE	
7 0	3		1								
ا م 8	- i I		<u> </u>	John Boren  . was deceased ever			uise Colte	n 17. INFORMANT	<u>  Nina</u>	E. Boren	
	₹	1 1 1		es, no, or unknown)   (If y	yes, give war o <u>r</u> dates of	service	CIAL DECORITI NO.	1	5 D. 6		
946.7.2			I –		<u>exican Borde</u> (Enter only one cause per		-	Mrs. Nina	E. Boren-St	Joseph	<u>Missouri</u> Terval between
10		EN		PART I.	DEATH WAS CAUSED BY	· / -	4			0	NSET AND DEATH
11	5 6	DOCUMENT			IMMEDIATE CAUSE (a		ran	-a-cole		<del></del>	200
	INSTEAD			Condition	ns, if any, ] DUE TO (	61	•	The m	en and	la l	
122-0	2   <u>3</u>	1 1 1		which ga	ve rise to ause (a),	~, <u> </u>	<del></del>		<i>x</i> 1		
13 / 10	-	<del>                                     </del>		stating th	ne under- use last. DUE TO (	c)			dise	ne	
	1 1		NO.	PART II.	OTHER SIGNIFICANT C		ITRIBUTING TO DEA	TH but not related to	the terminal PART	III. If deceased there a pregna	was female was ncy in last 90 days.
12	2		CATION		die	Lere	)			☐ Yes · ☐	No Unknown
NO	2		CERTIFI	19. WAS AUTOPSY PERFORMED?	20a. ACCIDENT SUICID	E HOMICIDE	20b. DESCRIBE HO	OW INJURY OCCURRED	(Enter nature of injury	in PART I or PART II	of item 18.)
9	<u> </u>			YES   NO 55						•	
Z	<b>5</b>		DICAL	20c. TIME OF Hour INJURY a.m.	Month, Day, Year						
¥ &			N.	p.m.		10					
BLACK INK OR RITER RIBBON			Į,	20d. INJURY OCCURRE WHILE AT WORK	farm,	OF INJURY (e.g. factory, street, of		20f. CITY, TOWN, OR	LOCATION	COUNTY	STATE
	اوا		78.6	NOT WHILE AT W	/1 -	2 62		116 63		13.7	4.61
USE BLAC OR IYPEWRITER	READ		Ĭ	21. I attended the deci	eased from	12.5	5 PM m on t	=	d last saw him alive on_	· · · · · ·	<del>P J J</del>
		1	CZ	Death occurred at.			2_7_4_12m on t	•	and to the best of my kn	owledge, from the co	<u> </u>
USE	SHOULD	 ප්	Ü	22a. SIGNATURE	(De	111(p)		22b. ADDRESS	,	1.	22c. DATE SIGNED
	t5		<u>  '</u>	- Clame	~6`C	my/n	~ <i>(</i> /	10/	seps.	mo	12-15-62
	Ö	Ħ₫	23	a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 17 106	I	of Cemetery or CR	- 1	3d. LOCATION (City, to		(State)
		AFFI	ــ ا	Burial FUNERAL DIRECTOR	Dec. 17,196	Z   FOT <del>e</del> C		TE RECD. BY LOCAL R	Kansas City EG.   26. REGISTRAR'S	A	
	TEM	<u> </u>	I -				-	2.18.1962	man Pl	ele La	all_
	1-1		<u>lei</u>	erhoffer_Fle	eman inc., S	-					
						(Licer	sec Embalmer's State	ement on Reverse Side)			

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to the second

## STATEMENT BY LICENSED EMBALMER

	I hereby certify that the body whose name is	recorded on the reverse side of this certificate was embalmed by me,
or by		, Student Embalmer No
workir	ng under my personal supervision.	Signed Raymond A Tron
Studer	ntSignature of Student Embalmer	
		Licensed Embalmer No. 5147
		Licensed Embalmer No. 5147 P. O. Address Straff
	•	LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated-above.